

<District Name>  
 <District Address>  
 <District Phone>

## Request for Consideration for Initial Special Education Evaluation

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Individuals Making Referral:

Date: \_\_\_\_\_

Name:

Role:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agency staff who received request: \_\_\_\_\_

Form in which request was received: ☐ written ☐ verbal

### Description of the concerns that prompted this request:

- ☐ Health/Motor \_\_\_\_\_  
☐ Vision \_\_\_\_\_  
☐ Hearing \_\_\_\_\_  
☐ Speech (articulation/voice/fluency) \_\_\_\_\_  
☐ Language (communication) \_\_\_\_\_  
☐ Intellectual/Cognitive/Adaptive \_\_\_\_\_  
☐ Social/Emotional/Behavioral \_\_\_\_\_  
☐ Academic/Pre-Academic Below expected achievement in ☐ Reading ☐ Math ☐ Written Expression (Lang. Arts) \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Vocational/Transitional \_\_\_\_\_

### Description of the learning experiences of this child, especially those in reading and math:

- ☐ Attended Head Start or preschool (only for preschool and elementary age students) \_\_\_\_\_  
☐ Retained in grade \_\_\_\_\_ why retained? \_\_\_\_\_  
☐ Sporadic attendance? ☐ Yes ☐ No If so, why? \_\_\_\_\_  
☐ List previous schools attended: \_\_\_\_\_  
☐ Received Title 1 services. If so, specify when \_\_\_\_\_ and type: ☐ Reading ☐ Math ☐ \_\_\_\_\_  
☐ Received at-risk services. If so, specify when and type of service: \_\_\_\_\_  
☐ Other unique learning experiences: \_\_\_\_\_

Is limited English proficiency a concern for this child? ☐ Yes ☐ No If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date a copy of The Procedural Safeguards for Children and Parents Statement was provided to parents:

\_\_\_\_\_

## Referral for Evaluation

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### Course of Action Selected by District (Check Appropriate Boxes)

☐ **Parent referral (Provide Referral Date: \_\_\_\_\_.** This is the date a member of the district's certificated staff received a verbal or written request form from the parent).

☐ The district determined that an evaluation is not warranted and will provide the parents with a Notice Of Action Refused. Consider implementing AIS and providing at-risk services.

☐ The district determined that an evaluation is warranted.

☐ **District personnel request evaluation:**

☐ The district determined that an evaluation is not warranted.

**-OR-**

☐ The district determined that an evaluation is warranted. Provide date on which decision was made to evaluate: \_\_\_\_\_. (Referral Date)

Procedural Safeguards Dated: \_\_\_\_\_ Given to Parents on : \_\_\_\_\_ (Within 5 days after referral.)

**Names of Personnel Making Above Determination:**

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